

<h1 style="margin: 0;">Sample Submission Form</h1> <p style="margin: 0;">University of Minnesota Plant Disease Clinic</p>	<p>Lab Use Only</p> <p>ID # _____</p> <p>Received _____</p> <p>Notes _____</p>
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Hand Deliver / Drop Off	Mailing Address	Contact Information
1519 Gortner Ave Room 105 Stakman Hall St. Paul, MN 55108 Tues – Fri 8:30am – 4:30pm	Plant Disease Clinic 495 Borlaug Hall 1991 Upper Buford Circle St. Paul, MN 55108	Phone: 612-625-1275 Email: <a href="mailto:pdcc@umn.edu">pdcc@umn.edu</a> Website: <a href="https://pdcc.umn.edu/">https://pdcc.umn.edu/</a>

Submitter	Grower/Other (if applicable)
<p><b>Send results:</b> <input type="checkbox"/> email <input type="checkbox"/> mail</p> <p>Check included <input type="checkbox"/></p> <p>Send invoice <input type="checkbox"/></p> <p>Name _____</p> <p>Business _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p><b>Send results:</b> <input type="checkbox"/> email <input type="checkbox"/> mail</p> <p>Check included <input type="checkbox"/></p> <p>Submitter gets invoice unless otherwise arranged.</p> <p>Name _____</p> <p>Business _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>

**Plant / Crop** \_\_\_\_\_

**Date collected** \_\_\_\_\_ **Collection Location** (County or city or zip) \_\_\_\_\_

**Specific test request** (if known) \_\_\_\_\_

**Describe problem** (what is relevant to the situation, e.g., symptoms, pattern of occurrence, other plants affected, site information, pesticide/fertilizer applications, soil description\*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please use reverse side or attach additional sheets if needed.